JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5275

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTE	ON GUIDE explains how to complete this	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
101111.		00041923	, ,
3 CANDIDATE/ OFFICEHOLDER	Judge Michael	, MI	OFFICE USE ONLY
NAME	and the contract of the contra	ľ	Date Received
	NICKNAME LAST	SUFFIX	F 8
	Mike Lynch		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE: ZIP CODE	
OFFICEHOLDER ADDRESS	Po. Box 1748		
Change of Address	Austin, Tx 7876	7	Date Hand delivered or Date Postmarked
5 CAMPAICN			
CAMPAIGN TREASURER	TITLE FIRST	™ MI	S 9
NAME	Thomas	<i>L</i>).	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Tom FriTZ		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE	E#; CITY; STATE:	ZIP CODE
TREASURER	98 San Jacinto Blu		
ADDRESS (Residence or business)	_		,
	Austin, Tx 7870	/	
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 476- 2020	0	
8 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year	. Month Day	Year
COVERED	7/1/02 THROUG	³⁴ /2/31	102
		·	,
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Primary	Runoff	General Special ,
1 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	Inv
	167 Th DISTRICT COURT		•••
3 NOTICE	10.777 0737 107 00027		
OF DIRECT	Direct campaign expenditures are campaign expendit Candidates are required to disclose this information and	tures made by others without the car	ididate's prior consent or approval
CAMPAIGN	Candidates are required to disclose this information only	if they receive notification of the dire	ect campaign expenditure. ••
EXPENDITURE BY OTHER	Name	1	
INDIVIDUALS		•	
<u> </u>	Address / PO Box; Apt. / Suite #; City: State: Zin C	0.1	
	Address / PO Box; Apt. / Suite #; City; State; Zip (Code	
additional pages	•	i	
	GO TO PA	GF 2	
	Q0.01A		`

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OHNAME Michael	F. Lynch	•	15ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	•• This box is for no may have been mad	ntice of political expenditures by political committees to support the ce without the candidate's or officeholder's knowledge or consent. Call if they receive notice of such expenditures.	candidate / officeholder. These expenditures ndidates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGNATOR OF THE CAMPAIGNATOR OF	
☐ additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
,		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		1	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN SED \$
ì		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	s X
	4. TOTAL	POLITICAL EXPENDITURES	\$ X
CONTRIBUTION BALANCE	5. TOTAL P OF THE	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
* 1911 expendi	Tures Were	Made Through I swear or affirm under napolitics	perjury, that the accompanying report is
Friends of Mi	ike Lynch	See Report true and correct and includes all in	r perjury, that the accompanying report is formation required to be reported by me
on file which	r is hereim	adopted.	
Also See ATT	TACKED LIS	MELISSA ANN MORENO	mh
	MIZ	Notary Public, State of Texas Bignature of Car My Commission Expires	ndidate or Officeholder
AFFIX NOTARY STAI	MP / SEAL ABOVE	NOVEMBER 14, 2003	
		esaidulichael F. Lynch	, this the day
	, to certif	y which, witness my hand and seal of office.	
Signature of officer admini	V WORLLY stering oath	Melissa Ann Moreno Print name of officer administering oath T	itle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruc	TION GUIDE explains how to complete this form.	lone	1 Total pages Sch	nedule A(J):
2 FILER NAI			3 ACCOUNT # (E	thics Commission filers)
	el F. Lynch / Friends of 1	Mike Lynch		3 Friends of Mikelyn
4 Date	5 Full name of contributorout-of-state PAC (ID#:_	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
9 Contributor's	s principal occupation	10 Contributor's job	title	
11 Contributor's	s employer/law firm	12 Law firm of contri	butor's spouse (if an	у)
13 If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor Gout-of-state PAC (ID#)			
	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's	principal occupation	Contributor's job t	itle	
Contributor's	employer/law firm	Law firm of contrib	outor's spouse (if any)
lf contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#			
	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		· 	
Contributor's p	orincipal occupation	Contributor's job tit	le	
Contributor's e	mployer/law firm	Law firm of contribu	utor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
**				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800

PLEDG	iED CONTRIBUTIONS (JUDICIAL)			463-5800 1-800-325-850 SCHEDULE B (J)	
The Instruct	тюм Guide explains how to complete this form.	701	1 Total pages Sc	hedule B(J):	
2 FILER NAM	ME			Ethics Commission filers)	
4 TOTA	L OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	□ □ □	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
	7 Pledgor address; City; State; Zip Code				
10 Pledgor's pri	ncipal occupation ,	11 Pledgor's job title	*****		
12 Pledgor's em	nployer/law firm	13 Law firm of pledge	or's spouse (if any)		
14 If pledgor is a	a child, law firm of parent(s) (if any)			1,200	
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code			 	
Pledgor's prin	ncipal occupation	Pledgor's job title	· · · · · · · · · · · · · · · · · · ·	1	
Pledgor's emp	ployer/law firm	Law firm of pledgo	gor's spouse (if any)		
If pledgor is a	child, law firm of parent(s) (if any)	 			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
Pledgor's prind	cipal occupation	Pledgor's job title			
Pledgor's emp	oloyer/law firm	Law firm of pledgor	's spouse (if any)		
If pledgor is a	child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)			SCHEDULE E (J)
The Instruction Gu	DIDE explains how to complete this form.		1 Total pages Sch	nedule E(J):
2 "FILER NAME	•	. ,	3 ACCOUNT # (E	thics Commission filers)
4 · TOT	AL OF UNITEMIZED LOANS: ⇔	\$ \$ \$	ರು ರು	\$
5 Date of loan	7 Name of lender	ut-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip (Code		10 Interest rate
Y N				11 Maturity date
12 Lender's Principal O	ccupation	13 Lender's Job Title	^	
14 Lender's Employer/L	aw Frim	15 Law Firm of lender	's spouse (if any)	, , , , , , , , , , , , , , , , , , , ,
16 If lender is child, law	firm of parent(s) (if any)			•
17 Description of Collate	eral			
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip C	ode		
22 Guarantòr's Principal	Occupation	23 Guarantor's Job Titl	e	- 4
24 Guarantor's Employer/Law Frim 25 Law Firm of gu			tor's spouse (if any)	
26 If guarantor is child, la	aw firm of parent(s) (if any)			
				. •
		*		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAM	sel FLynch / Friends of 5 Payee name	Mike Lynch	3 ACCOUNT # (Ethics Commission filers) 0004/923 Fredsof Mikel
	5 Payee name SAI //crnandcz 6 Payee address; City; State; Zip Code		7 Amount (\$)
1/27/02	6 Payee address; City; State; Zip Code Po Box 1748 AusTiL.		1946
required.) Rcimb f	yment (See instructions regarding type of information for purchase of Coffee for Capital Murder Case)	9 •• Complete if di Candidate / Officeholder r	direct expenditure to benefit C/OH •• name Office sought Office hel
Date	Payee name 5 W. Be//		Amount (\$)
7/27/02	Payee address; City; State; Zip Code		3948
required.)	ment (See instructions regarding type of information	•• Complete if dii Candidate / Officeholder n	irect expenditure to benefit C/OH •• name Office sought Office held
Date 8/9/02	Payee name S W Bell Payee address; City; State; Zip Code A/ousTan, TX		Amount (\$) 4/6/13
required.)	ment (See instructions regarding type of information	•• Complete if din Candidate / Officeholder na	rect expenditure to benefit C/OH •• name Office sought Office held
Date 9/4/02	Payee name Hispanic Bar Ausn of Payee address; City; State; Zip Code Austin, TX	Austri	Amount (\$) 100 00
required.)	ment (See instructions regarding type of information Luncken Ticket	•• Complete if dire Candidate / Officeholder na	rect expenditure to benefit C/OH •• ame Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EEDED

TOTAL OF UNITEMIZED LOANS:

8 Lender address; City; State; Zip Code

7 Name of lender

2

5 Date of loan

6 Is lender a

financial Institution?

9 Loan Amount (\$)

10 Interest rate

xas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-80
LOANS (JUDICIAL)	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E(J):
"FILER NAME	3 ACCOUNT # (Ethics Commission filers)

out-of-state PAC (ID#:__

Y N			11 Maturity date
		•	
12 Lender's Principal C	Occupation	13 Lender's Job Title	^
14 Lender's Employer/L	aw Frim	15 Law Firm of lender's spouse (if	<u> </u>
16 If lender is child, law	firm of parent(s) (if any)		
17 Description of Collat	eral		
none			
18 GUARANTOR INFORMATION	19 Name of guarantor		21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State;	Zip Code	
22 Guarantor's Principa	l Occupation	23 Guarantor's Job Title	
24 Guarantor's Employer/Law Frim		25 Law Firm of guarantor's spouse	(if any)
26 If guarantor is child,	aw firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLI	TICAL EXPENDITURES			SCHEDULE F
The Instru	стюм Guide explains how to complete this form.		1 Total pages S	Schedule F:
2 FILERNA Micha	of F. Lynch / Friends of	f Mike LyneL	3 ACCOUNT #	(Elhics Commission filers)
9/17/02	5 Payee name SW 73ell 6 Payee address; City; State; Zip Cod 1-/0UJTan, TX			7 Amount (\$) 39 84
required.)	payment (See instructions regarding type of information withy office phase 6:1/	9 Complete if dir Candidate / Officeholder n	ect expenditure to arne Offi	benefit C/OH ·· ce sough! Office held
Date 9/23/02	Payoe name Austin Young Lawyer Payee address, City, State, Zip Code 800 Lavach Austin Young Lawyer Payee Address, City, State, Zip Code	s Assin		Amount (\$)
required.)	ayment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to b me Office	enefit C/OH ·· s sought Office held
Date	Payee name AXLA Foundation			Amount (\$)
10/11/02	Payee address: City. State: Zip Code 800 Lauch Austin, TX	\$. \$		12000
required.)	Sment (See instructions regarding type of information	·· Complete if direc Candidate / Officeholder nam	t expenditure to be	
Date 0/14/02	Payee name Judge Scott Jenkin. Payee address: City: State: Zip Code Po Box 1748			Amount (\$)
Retiren	ment (See instructions regarding type of information ment Lunch for ment Lunch for McCown	Complete if direct of Candidate / Officeholder name	expenditure to beni Office so	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	DED	

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Michael F Lynch / Friend 4 Date 5 Payee name	Is of Mike Lynch 3 ACCOUNT # (Ethics Commission filers) 7 Amount
Centessa Gallery 10/25/02 6 Payee address; City; State; Zip Co Kinby LN, Austin	, (\$)
Purpose of payment (See instructions regarding type of information required.) Framing for Cetter / Photos For Office	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name US FICTL Circuit Co. Payee address; City: State, Zip Cod. New Orleans, L.	7 (00
Purpose of payment (See instructions regarding type of information required.) kar membership Fee	·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Date Payee name NA.C.P. 11/19/02 Payee address: City: State; Zip Code A.U.S.T.I.N. TX	Amount (\$) 4000
Purpose of payment (See instructions regarding type of information required.) 71 (1 - Annual baguet	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name Austin High Speeth Payee address; City: State: Zip Code Austin High Austin High Austin High	A Debak (5) Amount (5) 12500 P. Garcia
Purpose of payment (See instructions regarding type of information required.) Centribution To Team	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLI	TICAL EXPENDITURES		SCHEDULE
The Instru	стюм Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NA			- Compages consoder
M ₁ c	had FLynch / France 5 Payer pame	Is of Mikelynel	3 ACCOUNT # (Ethics Commission filers) OOOY / 923
12/12/0	SW Bell		7 Amount (\$)
	Houston, TX		
regarea.)	eayment (See instructions regarding type of information	9 ··· Complete if dire Candidate / Officeholder nad	ct expenditure to benefit C/OH me Office sought Office held
Date	Payee name		Amount
	Payee address, City; State; Zip Cod		(\$)
Purpose of pa required.)	yment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder nami	expenditure to benefit C/OH •• a Office sought Office held
Date	Payee name Payee address: City; State; Zip Code		Amount (\$)
Purpose of pay- required.)	ment (See instructions regarding type of information	Complete if direct e Candidate / Officeholder name	xpenditure to benefit C/OH Office sought Office held
Date	Payee address; City: State: Zin Code		Amount (\$)
	, Signature of the state of the		
Purpose of paym equired.)	ent (See instructions regarding type of information	Complete if direct exp Candidate / Officeholder name	penditure to benefit C/OH → Office saught Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDE	D
Inted on recycled pa	neger — — — — — — — — — — — — — — — — — — —		1

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

The ⊶ Co	nstruction Guide explains how to complete this mplete only if "Report Type" on page 1 is marl	s form. ked "Final Report" •	•
1 C/OH	NAME .	,	2 ACCOUNT # (Ethics Commission filer
3 SIGN	ATURE		
aie	not expect any further political contributions or political expendi port as a final report terminates my campaign treasurer app ributions or make any campaign expenditures without a campai	ontment i also unders	stand that I may not accept any compains
		Sign	nature of Candidate / Officeholder
4 FILEF	R WHO IS NOT AN OFFICEHOLDER oplete A & B below <i>only</i> if you are a candidate ••		
Α.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest	est or income earned fror	m political contributions
	I have unexpended contributions or unexpended interest or inconvert unexpended political contributions or unexpended interest also understand that I must file an annual report of unexpend or unexpended interest or income earned on political contributions that I must dispose of unexpended political contributions in accordance with the requirements of Election	erest or income earned of ed contributions and that outions longer than six years	on political contributions to personal use. I may not retain unexpended contributions
В.	ASSETS		
Checi	conly one:	e ^a	
	I do not retain assets purchased with political contributions or	interest or other income	from political contributions.
	I do retain assets purchased with political contributions or inte may not convert assets purchased with political contributions use. I also understand that I must dispose of assets purchase Election Code, § 254,204.	rest or other income from	political contributions. I understand that I
			Signature of Candidate
	EHOLDER lete this section <i>only</i> if you are an officeholder ••	÷	
	am aware that I remain subject to filing requirements applicable	to an officeholder who doe	es not have a campaign treasurer on file.
			Signature of Officeholder

	TICAL EXPENDITURES FROM PERSONAL FUNDS	(312)	SCHEDULE G
The Instruc	стюм Guide explains how to complete this form.	1 Total pages this	s Schedule G:
2 FILER NA	ME	3 ACCOUNT # (E	Ethics Commission filers)
4 Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee address: Cibr. State: Zin Code		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Arnount
	Payee address; City; State; Zip Code	,	(\$)
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	I AS NEEDED	

The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Schedule H:
2 FILER NA	ME	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	
• –	D Door No.	7 Amount (\$)
	6 Business address; City; State; Zip Cod	e
8 Purpose of pa	ayment (See instructions regarding type of information	
required.)	-y (9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date	Business name	Amount
		(\$)
	Business address; City; State; Zip Code	,
	_ 	
Purpose of pa required.)	yment (See instructions regarding type of information	•• Complete if direct expenditure to benefit C/OH ••
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
Purpose of pa required.) Date	yment (See instructions regarding type of information Business name	Candidata / Officeholder ++
required.)	Business name	Candidate / Officeholder name Office sought Office held
required.)		Candidate / Officeholder name Office sought Office held Amount (\$)
required.)	Business name	Candidate / Officeholder name Office sought Office held Amount (\$)
Date	Business name Business address; City; State; Zip Code	Candidate / Officeholder name Office sought Office held Amount (\$)
Date	Business name	Candidate / Officeholder name Office sought Office held Amount (\$)
Date Purpose of pay	Business name Business address; City; State; Zip Code	Candidate / Officeholder name Office sought Office held Armount (\$)
Date Purpose of pay required.)	Business name Business address; City; State; Zip Code	Candidate / Officeholder name Office sought Office held Amount (\$)
Date Purpose of pay	Business name Business address; City; State; Zip Code	Candidate / Officeholder name Office sought Office held Armount (\$)
Date Purpose of pay required.)	Business name Business address; City; State; Zip Code ment (See instructions regarding type of information Business name	Candidate / Officeholder name Office sought Office held Amount (\$)
Date Purpose of pay required.)	Business name Business address; City; State; Zip Code ment (See instructions regarding type of information	Candidate / Officeholder name Office sought Office held Armount (\$)
Date Purpose of pay required.)	Business name Business address; City; State; Zip Code ment (See instructions regarding type of information Business name	Candidate / Officeholder name Office sought Office held Amount (\$) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Amount
Purpose of pay required.)	Business name Business address; City; State; Zip Code ment (See instructions regarding type of information Business name Business address; City; State; Zip Code	Candidate / Officeholder name Office sought Office held Amount (\$) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Amount

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruc	The Instruction Guide explains how to complete this form. 1 Total pages this	
2 FILER NAI	ME	3 ACCOUNT # (Ethics Commission filers)
1 Date	5 Payee name	8 Arnount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information)	mation required.)
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of inform	mation required.)
Date	Payee name	Arnount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee name	Amount
	Payee address; Clty; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of inform	lation required.)
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of informations)	ation required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850

CRE	SCHEDULE	
The Instr	истіом Guide explains how to complete this form.	1 Total pages this Schedule K:
: FILERN	AME	3 ACCOUNT # (Ethics Commission filers)
. Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS				SCHEDULE L	
The Instruction G	GUIDE explains how to complete	this form.		1 Total pages this Schedule L:	
2 FILER NAME			,	3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender				
	5 Lender address;	City;		Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor			<u> </u>	
not applicable	7 Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;		Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
	ATTACH ADDIT	IONAL COPIES O	F THIS FORM AS NEE	EDED	

ASSETS VAL	UED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide exp	plains how to complete this form.	1 Total pages this Schedule M:
2 FILER NAME	·	3 ACCOUNT # (Ethics Commission filers)
4 Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset	•	
Description of Asset		
Description of Asset	ı	
Description of Asset		
Description of Asset		
Description of Asset	,	
Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS	FORM AS NEEDED